

Trauma letting failure  
overcome him or her  
and



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Trauma and Resilience Introduction                      When one thinks of trauma and resilience, what comes to mind? Attitude, emotions, failure, hope, stress, health, family and relationship problems and the list can go on. Determining the meaning of life is a key concept within the context of positive psychology. Adolescents are trying to figure out life as far as to what they want to accomplish, this refers to goals and motivation.

During your adolescent years, is when puberty hits hard and it is up to that individual to fight back. So as far as trauma and resilience goes in adolescents, let us take a closer look at what defines resilience, the principles and factors that make resilience important, the programs that are in place for the adolescents group, the good and bad outcomes of the program that are put into place and research that has made this group stand out in the public eye. Bad things happen to everyone, why? However, describing a psychological or mental health response following exposure to a traumatic event as a single, universal mechanism has turned out to be an unachievable goal since there is no response to it. Moreover, it is apparent that there are individual differences in resilience and risk factors that play a crucial role in response to potentially traumatic event and prevent a description of a response to an event that would affect people uniformly. Definition and

Principles of Resiliency                      Resiliency is broad when it comes to definitions meant that they all are different in the eye of the beholder but leads up to the same meaning. Resilient people are individuals who display “the capacity to remain well, recover, or even thrive in face of adversity” (Hardy, Concato & Gill, 2004, page 257). In studying resilience, there are not one but three critical conditions: growing up in distressing life conditions and

demanding societal conditions that are considered significant threats or severe adversities, the availability of protective factors that include internal assets and external resources that may be associated with counteracting the effects of risk factors, and achieving the positive adaptation despite experiences of significant adversity (Windle, 2011). Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats of significant sources of stress – such as family and relationship problems, serious health problems or workplace and financial stressors.

It means “bouncing back” from difficult experiences (American Psychological Association, 2014). Basically, what this means is that instead of letting failure overcome him or her and drown, they will find a way to rise and swim to the surface. Miracles happen but they do not happen overnight. It takes time and patience to see things through. The key word here is to “overcome” the hurt and pain from the trauma which they have suffered from.

Soldiers do not allow anything to hold them back from conquering what is in front of them; life. Humans do not control the outcomes of their life, principles do. Although one does not control the outcomes, they will become adept with predicting the outcomes of his or her behavior.

Looking at the principles of resilience, what comes to mind? Does one person apply them to their daily lives? There are seven principles of resilience, which are: 1. Maintain diversity and redundancy a. Conserve and value redundancy b. Maintain ecological diversity c. Build diversity and redundancy into governance systems d. Focus less on maximum efficiency, even if it costs more 2. Manage connectivity a.

Map connectivityb. Identify important elements and interactions<sup>c</sup>.

Restore connectivity<sup>d</sup>. Optimize current connectivity patterns<sup>3</sup>.

Manage slow variables and feedbacks<sup>a</sup>. Strengthen feedbacks

that maintain desirable regimes<sup>b</sup>. Avoid actions that

obscure feedbacks<sup>c</sup>. Monitor important slow variables<sup>d</sup>. Establish

governance structures that can respond to monitoring information<sup>4</sup>.

Foster complex adaptive systems thinking<sup>a</sup>.

Investigate critical thresholds and non-linearities<sup>b</sup>. Match institutions

to social-ecological systems processes<sup>c</sup>. Recognize barriers to cognitive

change<sup>5</sup>. Encourage learning a. How do we

encourage learning?

i.

Ensure sufficient resources to enable learning process to take

place

ii. Enable

people to network and create communities of

practice

iii. Enga

ge a variety of participants<sup>6</sup>. Broaden participation<sup>a</sup>. How can we

broaden participation?

i. Clarify your goals and expectations of the participation process

ii. Find inspired and motivated leaders that can mobilize

the group

iii.

Secure sufficient resources to enable effective participation<sup>7</sup>. Promote

polycentric governance<sup>a</sup>. Polycentric governance raises three

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challenges:

i.

The need to balance redundancy and experimentation with the costs of involving members of multiple governance bodies and

interests.

ii. Ne

gotiating trade-offs between various users of

ecosystem services

iii. Dealing with resolving political conflict and the potentially skewed benefits of common resources, also so-called “scale-shopping” where groups dissatisfied with politics at one scale simply approach a more favourable political venue in which to frame their interests (MindMatters, n. d.

). Adolescents and the Challenges They Face Adolescents face many challenges along their period of growth. During the intergenerational transmission stage of trauma, it approaches more than one topic such as psychodynamic, family systems, epidemiological, sociological, and biological levels of analysis. Embitterment is a response to severe, but normative, stressful events that is different from life-threatening trauma that precedes posttraumatic stress disorder (PTSD). A case study that was found to be very interesting when it comes to adolescents on the subject of trauma and resiliency. Case Study Kianna was placed into residential treatment at age 14 following surrender of parental rights at age 11, five foster placements, and psychiatric hospitalizations where she was diagnosed with Bipolar Disorder, Dissociative Disorder, and Mild Mental Retardation. While living with her fourth foster family, she started cutting herself, threatening to kill herself, and running away.

Kianna alleged that this fosterfamily had physically abused her but this was ' unfounded.' Kianna was thenmoved into a pre-adoptive family. However, when she began getting into screaming ' fights' with her pre-adoptive mother, her county department of social services placed Kianna into residential treatment based on her diagnoses and behavior problems. A few months later, her pre-adoptive family stoppedvisiting. . By age 16, with no viable family options for kinship care and Kianna's refusal to consider living in another foster family, the county social services department authorized a long-term goal of returning Kianna to her mother when she became a legal adult at age 18. Kianna began RLH treatment in her third year of residential treatment at age 16 in an effort to reduce her self-abusive and high risk behaviors. Like many adolescents in group care, she functioned like a much younger child cognitively, socially and emotionally.

Kianna's experiences reflect the challenges of continuing trauma and attachment-centered treatment with severely and multiply stressed families and youth who have lived with disrupted and often chaotic and disorganized attachments (Kagan & Spinazzola, 2013). Programs that have been developed to Build Resiliency Current resilience programs seeking to support student knowledge, skills, capacities to manage life challenges and maintain mental wellbeing tend to be underpinned by many overlapping theoretical approaches. These includes: 1.

Social and emotional learning. CASEL (Collaborative for Academic, Social, and Emotional Learning) identifies 5 core social and emotional competencies for students to develop, which

are:

i. Self-

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awareness

ii. S

elf-management

iii.

Social

awareness

iv.

Relationship

skills

v. Respon

sible decision-making 2. Cognitive behavioural approaches a. Focuses

on interactions between thoughts, feelings and behaviours 3. Positive

psychology a. Study of conditions and processes that contribute to the

flourishing or optimal functioning of people, groups, and institutions (Gable &

Hadt, 2005). 4. Mindfulness a.

the belief that by connecting with the present moment and calmly observing our thoughts, feelings and sensations we increase our self-awareness and improve our capacity to manage our thoughts and emotions (MindMatters, n.

d.) Compare and Contrast the Programs and Outcomes No program is

perfect and there are going to always be trial and error because no one

individual is the same as the next. School-based programs can only do

so much for an adolescent because when he or she leaves that school for the day, they still have to go home and deal with the chaos. Anxiety, depression,

and suicide show peak emergence during the adolescent age as well as

showing common risk factors that many are not aware of. During the

research phase for this paper, mindfulness program kept popping up

everywhere. Assuming that was a sign to discuss this topic first. Mindfulness

program is put in place as a prevention program for anxiety, depression, and

eating disorders.

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With this program they authors suggested that further research be done when it came to identifying active ingredients and optimal dose in mindfulness-based interventions in school settings. Society as to “teach” things to individuals because within these programs, these adolescents are primarily visual learners. It is important to consider the contribution of participant-specific variables to the outcomes of studies with adolescents.

Research that Applies to the Programs                      Social support can mitigate the severity of posttraumatic stress disorder (PTSD) in children and adults following traumatic events. However, little is known about the role of social support in high-risk samples of adolescents from the community. There was a study done that examined the relationship between social support and PTSD in adolescents who were exposed to traumatic events and childhood adversity, after adjusting for the effects of potential covariates, including sociodemographic factors, previous childhood adversity, level of exposure, comorbid anxiety, depression symptoms, and substance abuse, and coping strategies (Pinto, Morgado, Reis, Monteiro, Levendosky, & Jongenelen, 2017).                      In this study, there were 183 adolescents who participated that ranged from 13 to 17 years old.

There were 89 young men and 94 young women who were up for participating in a study so vivid. The results indicated that social support is not as significant enough to reduce PTSD symptoms in adolescents who are exposed to trauma and adversity at a young age. They would need programs that not only focus on social support but programs that will give them a whole new perspective on life in generally.



An individual may need to see the proof in the pudding to help them grow.

**Conclusion** This paper endeavors to clarify the range of possible relationships between trauma and resilience among adolescents. Resilience requires both a risk factor and some type of protective factor that reduces the negative impact of the risk factor. Adolescents are more resilient if they have a safe and stable environment; have a strong bond to their family members, schools, and communities. The most important key factor is to be able to develop age appropriate cognitive and social skills to function in their age bracket. Gaining a better understanding of the principles, definitions, and programs of resilience in adolescents should help increase resilience in our youth and give them something to look forward to in their futures. Even though one approach may not work for that one child in particular does not mean it will not work for the next child. Trial and error is a very important part of growth as a whole when it comes to finding out why an individual is important.

Bad things happen to everyone, why? Humans do not control the outcomes of their life, principles do. Although one does not control the outcomes, they will become adept with predicting the outcomes of his or her behavior. Every human-being needs structure as well as guidance to conquer whatever goals that he or she is motivated to do. People always say, "When one door closes, another one will open; but we always seem to look at the door that is closed for so long that we do not see the new door that is opened with new goals, opportunities, and happiness."